

[Your Name]  
[Your Title]  
[Your Company/Organization]  
[Company Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Recipient Organization/Agency]  
[Agency Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Device Qualification Plan (DQP) for [Medical Device Name]

I am writing to formally submit a request for a Device Qualification Plan (DQP) for our medical device, [Medical Device Name], which is designed to [brief description of the device and its intended use].

As part of our commitment to compliance and safety, we seek guidance on the qualification processes and requirements necessary for our device under the applicable regulatory standards. We believe that obtaining a DQP is essential for ensuring that our medical device meets the necessary safety and efficacy benchmarks before proceeding with further development and clinical evaluation.

Enclosed with this letter are the necessary documents, including:

1. Device description and intended use
2. Preliminary technical specifications
3. Summary of previous testing and data
4. Any additional relevant documentation

We appreciate your guidance and support in this matter, and we are eager to collaborate to ensure the successful qualification of [Medical Device Name]. Please let us know if you require additional information or would like to schedule a meeting to discuss this request further.

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]  
[Your Title]  
[Your Company/Organization]